

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** STEVEN LANDAU

Mailing Address 2443 DUNDEE DR.

City State Zip Code  
 ANN ARBOR MI 48103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANESTHESIA ASSOCIATES AT  
FOOTE HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.48372

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** KEITH LEWIS

Mailing Address 201 VICTORY RD

City State Zip Code  
 NORTH QUINCY MA 02171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOSTON UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48451

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL LIPSON

Mailing Address 342 SECOND STREET EAST

City State Zip Code  
 SONOMA CA 95476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.48724

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....